



# “We Have to Respect That Option”: The Abortion Aversion Complex in Safety-Net Healthcare Organizations

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Abortion stigma and miscomprehension of abortion policies - a pattern that we call the “abortion aversion complex” - prevented some clinicians from discussing abortion as an option with pregnant patients.

## Key Findings

We interviewed 50 administrators from 35 safety-net healthcare organizations providing sexual and reproductive health to Ohioans to examine their willingness to provide abortion counseling to pregnant patients. Our survey was conducted from April 2018 to July 2019 - a time that coincided with federal legal battles on the domestic gag rule. The ability for safety-net healthcare organizations to make an abortion referral during this time was not restricted. However, we found that confusion about the status of federal regulations, as well as existing abortion stigma, led to variability in abortion referral approaches.

## What is the Domestic Gag Rule?

The domestic gag rule is the term used to describe federal regulations that ban the discussion of abortion as an option for pregnant patients and ensure the physical separation of family planning and abortion services at clinics funded by the federal government’s Title X Family Planning program.

The Title X Family Planning program is the U.S. government’s sole grant program dedicated to supporting family planning care for low-income and uninsured people.

The domestic gag rule was introduced in June 2018 and implemented in July 2019. It was rescinded in November 2021.

Abortion Referral Approach	Description	Example
<b>Just-the-name</b>	Absence of dialogue about abortion as a pregnancy option. Provide a sheet or just the name of the nearest abortion clinic.	“We have literature that [providers] can hand to people for them to call or do whatever they need to do.”
<b>Just-the-counseling</b>	Longer verbal exchange with the patient; no names of clinics or written materials provided.	“These are your options. You can have termination, you could have this, you have that. But we’re not going to say, ‘Here are the sites you can go to.’”
<b>Counseling-and-name</b>	Verbal counseling from a provider, as well as the name of the nearest clinic, written literature on abortion services, or information to contact abortion providers.	“Basically, our counseling is more of ... giving them the resources that they can contact to get more information, and just kind of discussing with them ... their decision”
<b>Facilitating</b>	Verbal counseling and the delivery of specific information about nearby abortion clinics, as well as facilitation of initial phone call for patients who require emotional or language support.	“But they will help make that connection for their first appointment at [name of nearby abortion clinic], that’s the only option for termination right now in the area. But they will help them make that first phone call if they need it.”

Summary of administrators’ descriptions of their organizations’ approaches to abortion referrals.

## Public Health Implications

- Policies that prohibit the discussion of abortion in pregnancy options counseling further stigmatize abortion within healthcare organizations.
- When abortion is eliminated as an option at safety-net healthcare organizations, pregnant patients seeking an abortion may be delayed in accessing essential care.
- Administrators can push back on the abortion aversion complex by talking about abortion as a valid option after a positive pregnancy test and by challenging interpretations of policy that are not factually accurate.